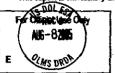
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 85-257, as amended. Failure to comply may result in criminal prosocution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



1. File Number U - State Parties 1525

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

7 / Through: 6 / 3 / 05

	South Dela
	Labor Organization File Mumber
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any
See PARAGETANTE TABLE	See GUSCOTTATION OF THE STATE OF
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State END 2P Code +4	State ZP Code +4 ZZ 25
5. Position in labor organization.	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of interest, Transaction, or Income.
Name Name	
Trade Name, if any: Every the second	
P.O. Box, Bldg., Room No., If any	7.b. Amount
Street Teacher Total Control of the	
Cay	
State 21P Code +4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the taw, that all of the information submitted in this report finduling the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's toroutedge and belief, true, correct, and complete. (See the section on penalties in the least-unitions.)	
Signed RW Marshall	On 2057 219-365-3095 Tulephone Number
Form LM-30 (2003)	Pare 1 of 2

Name of Person Filing R. D. Marshall	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, setting or teasing to, or otherwise dealing with the business of an employee your labor organization represents or is actively secting to represent, or (2) any part of which consists of buying from or setting or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name 5 4 CE	i a Labor Organization	
Trade Name, Farry: https://www.sarry.com/sarry/s	b. Trust	
P.O. Box, Bidg., Room No., if any	c. Employer	
Street	-	
Chy Charles and the control of the c		
State ZaP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name SULSET SUBSECUTION SUBSEC		
Trade Name, if any:		
P.O. Box, Bidg., Room No., Wany		
Street Street 10 10 10 10 10 10 10 10 10 10 10 10 10	11.b. Approximate dollar value of such dealing.	
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State PIPE PIPE PIPE PIPE PIPE PIPE PIPE PIP	and the temperature of the control o	
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	2.a. Makure of interest held or income received.	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.a. Notice of payment.	
Name (1) 11 11 11 11 11 11 11 11 11 11 11 11 1	4.a. Notice of payment.  Let the property of the property of the payment of the p	
Trade Name, If any:	是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	
P.O. Box, Bidg., Room No., If any	The state of the s	
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